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Ŏ3 Ħ	BOPLICATION NO.	FILING DATE OF		FIRST NAME	ED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
	10/660,656	09/12/2003	Robert C. Hochtritt		1517-1033	7497		
[	APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
	nonprovisional	NO \$		)	\$300	\$1700	11/01/2005	
1	EXAMINER		ART UNIT		CLASS-SUBCLASS	٦		
,	NOLAND, KENNETH W		3653		221-045000	J.		
	Change of correspondence address or indication of "Fee Address" (37)				nting on the patent front page,	114		
	CFR 1.363).  Change of correspondence address (or Change of Correspon Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Cus Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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	PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
	(A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  SCA Tissue North America LLC  Neenah, Wisconsin							
	Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🎾 Corporation or other private group entity 🚨 Government							
•	4a. The following fee(s) are enclosed:  4b. Payment  A chec				• •			
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;	a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
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	Authorized Signature Benoil Castel			Date November 1, 2005				
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